

APPLICATION INFORMATION

Application Type:: 07/739,227
Subject Matter::

CD-ROM or CD-R?::

Title::

REGULAR UTILITY

NONE

w-CARBOXYARYL SUBSITITUTED

DIPHENYL UREAS AS RAF KINASE

INHIBITORS BAYER 15(A)

Attorney Docket Number::

INVENTOR INFORMATION

Applicant Authority Type:: Primary Citizenship Country::

Status::

Given Name::

Family Name:: City of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Applicant Authority Type::

Primary Citizenship Country:: Status::

Given Name::

Family Name::

City of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::
State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

INVENTOR

Germany

FULL CAPACITY

Bernd

RIEDL Wuppertal

Germany

Von-der-Glotz-Strasse 7

Wuppertal Germany

D-42329

INVENTOR

FRANCE

FULL CAPACITY

Jacques

DUMAS Orange

US

21 Reachwood F

821 Beechwood Road Orange

CT

US

06477

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: 9/38/37 REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE

Title:: w-CA

w-CARBOXYARYL SUBSITITUTED DIPHENYL UREAS AS RAF KINASE

INHIBITORS

Attorney Docket Number:: BAYER 15(A)

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Germany

Status:: FULL CAPACITY

Given Name:: Bernd
Family Name:: RIEDL
City of Residence:: Wuppertal
Country of Residence:: Germany

Street of Mailing Address:: Von-der-Glotz-Strasse 7

City of Mailing Address::

Country of Mailing Address::

Germany

Postal or Zip Code of Mailing Address::

D-42329

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: FRANCE

Status:: FULL CAPACITY

Given Name:: Jacques
Family Name:: DUMAS
City of Residence:: Orange
Country of Residence:: US

Street of Mailing Address:: 821 Beechwood Road

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

US

Postal or Zip Code of Mailing Address:: 06477

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: INDIA

Status:: FULL CAPACITY

Given Name::

Family Name::

City of Residence::

Uday

KHIRE

Hamden

Country of Residence:: US

Street of Mailing Address:: 101 Tanglewood Drive

City of Mailing Address:: Hamden

State or Province of Mailing Address:: CT

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 06518

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Canada

Status:: FULL CAPACITY

Given Name:: Timothy
Family Name:: LOWINGER

City of Residence:: Hyogo Country of Residence:: Japan

Street of Mailing Address:: #203, 5-7, Chitose-Cho, Nishinomiya City

City of Mailing Address:: Hyogo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 662-0046

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: US

Status:: FULL CAPACITY

Given Name:: William Family Name:: SCOTT City of Residence:: Guilford

Country of Residence:: US

Street of Mailing Address:: 210 Saddle Hill Drive

City of Mailing Address:: Guilford

State or Province of Mailing Address:: CT
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 06437

Applicant Authority Type:: INVENTOR Primary Citizenship Country:: Canada

Status:: FULL CAPACITY

Given Name:: Roger
Middle Name:: A.
Family Name:: SMITH
City of Residence:: Madison

Country of Residence:: US

Street of Mailing Address:: 65 Winterhill Road

City of Mailing Address:: Madison

State or Province of Mailing Address:: CT
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 06443

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: US

Status:: FULL CAPACITY

Given Name::

Middle Name::

Family Name::

City of Residence::

Jill

E.

Wood

Hamden

Country of Residence:: US

Street of Mailing Address:: 72 Pickwick Road

City of Mailing Address:: Hamden

State or Province of Mailing Address:: CT
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 06517

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: US

Status:: FULL CAPACITY
Given Name:: Mary-Katherine
Family Name:: MONAHAN
City of Residence:: Hamden

Country of Residence:: US

Street of Mailing Address:: 134 Park Avenue

City of Mailing Address:: Hamden

State or Province of Mailing Address:: CT
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 06517

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: US

Status:: FULL CAPACITY

Given Name:: Reina
Family Name:: NATERO
City of Residence:: Hamden

Country of Residence:: US

Street of Mailing Address:: 113 Edgecomb Street

City of Mailing Address:: Hamden

State or Province of Mailing Address:: CT
Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 06518

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: US

Status:: FULL CAPACITY

Given Name::

Family Name::

City of Residence::

Country of Residence::

US

Street of Mailing Address:: 11 Wall Street # 4

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

06460

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: US

Status:: FULL CAPACITY

Given Name:: Robert
Family Name:: SIBLEY

City of Residence:: North Haven

Country of Residence:: US

Street of Mailing Address:: 1187 Mt. Carmel Avenue

City of Mailing Address::

State or Province of Mailing Address::

CT

State or Province of Mailing Address:: CT
Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 06473

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23599

REPRESENTATIVE INFORMATION

Representative Customer Number::

23599

DOMESTIC PRIORITY INFORMATION

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|--------------------|----------------------|----------------------|
| This Application | National Stage of | PCT/US00/00648 | 01/12/00 |
| PCT/US00/00648 | Non-Provisional of | 60/115,877 | <u>01/13/99</u> |

ASSIGNMENT INFORMATION

Assignee Name::

Bayer Pharmaceuticals Corporation

Street of Mailing Address::

400 Morgan Lane

City of Mailing Address::

West Haven

State or Province of Mailing Address::

CT

Country of Mailing Address::

USA

Postal or Zip Code of Mailing Address::

06516